

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH FO
XTO-875)

SERIAL NO.

10/539399

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		2					
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44							
45	1						
46		0					
47		0					
48	1		0				
49		0					
50							
TOTAL IND.	3						
TOTAL DEP.	48						
TOTAL CLAIMS	5						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							